

Medical, Dental & Vision Premiums

The monthly premiums for your medical, dental, and vision plans for July 1, 2014 through June 30, 2015 are shown below.

The State contributes 79% of the total cost of your health care benefits for full-time employees. The medical premiums reflect rates for full-time employees. If you work less than 40 hours a week, consult your HR representative for part-time rates.

Premiums are deducted from your paycheck pre-tax. That means the premiums are deducted from your pay before taxes are withheld and thus, you do not pay taxes on these premiums.

It is your responsibility to review your pay stub to ensure that the proper deductions are taken. You are responsible for the cost of the proper employee share of your elected benefits. A payroll error does not absolve you of responsibility for payment of the proper share of the cost.



NOTE: For employees who are paid bi-weekly, your deduction will be half of the total shown here and deductions are only taken 24 times per year.

Monthly Medical Plan Premiums - Full-Time Employees

		Wellness Health Plan	Regular Health Plan	HDHP	Consumer Focused Health Plan
Employee Only (Single Coverage)	Your Cost:	\$96.90	\$116.22	\$71.50	\$68.98
	State Cost:	\$364.56	\$437.20	\$269.04	\$259.46
	Total:	\$461.46	\$553.42	\$340.54	\$328.44
Employee + Spouse (Two-Party Coverage)	Your Cost:	\$256.80	\$307.98	\$189.50	\$182.78
	State Cost:	\$966.06	\$1,158.58	\$712.94	\$687.64
	Total:	\$1,222.86	\$1,466.56	\$902.44	\$870.42
Employee + Dependent Children (Four-Party Coverage)	Your Cost:	\$198.66	\$238.24	\$146.60	\$141.40
	State Cost:	\$747.32	\$896.28	\$551.50	\$531.94
	Total:	\$945.98	\$1,134.52	\$698.10	\$673.34
Employee + Spouse + Dependent Children (Family Coverage)	Your Cost:	\$344.02	\$412.56	\$253.88	\$244.86
	State Cost:	\$1,294.16	\$1,552.08	\$955.06	\$921.16
	Total:	\$1,638.18	\$1,964.64	\$1,208.94	\$1,166.02

Monthly Dental Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$22.44	\$26.20
Employee + Spouse (Two-Party Coverage)	\$44.92	\$52.44
Employee + Dependent Children (Four-Party Coverage)	\$64.72	\$75.60
Employee + Spouse + Dependent Children (Family Coverage)	\$70.32	\$82.12

Monthly Vision Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$5.16	\$7.98
Employee + Spouse (Two-Party Coverage)	\$8.28	\$12.78
Employee + Dependent Children (Four-Party Coverage)	\$8.44	\$13.04
Employee + Spouse + Dependent Children (Family Coverage)	\$13.58	\$21.00